

Claim File Summary Information

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Report date: 12/28/2007 7:00:02 AM EST

Employee File**Employee Information**

Prefix Name		First Name	STEVEN	MI	
		Last Name	ALFANO	Suffix Name	
Certholder Code	S - Social Security Number	SSN	099-44-9648		
Date of Birth	01/14/1958	Age	49		
Gender	Male	Marital Status	Unknown	SIT State	NEW YORK

Address Information

Address Line 1	3800 WALDO AVE, 13-G				
Address Line 2					
City	BRONX	State/Province	NEW YORK	Zip Code	10463
Country	United States	Other			

Phone Information

Type	Number	Ext.
Type	Number	Ext.
Type	Number	Ext.
Type	Number	Ext.
E-Mail Address		

Last Changed User	SCOTT KARCH	Last Changed Date	12/07/2000 12:00 AM
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Created: 04/03/2004 05:06 AM

Primary Claim File

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Assignment Information

Team Name	D-SAM Recert	Claim Office	
Nurse		Vocational Rehab	
Claim Type	LTD		
Claim Reopened Reason			
Claim Status Reason	Denied, Not TD Own Occ		
Financial Arrangement	1 - Fully Insured	<input type="checkbox"/> In Suit Indicator	

Incident Information

Last Day Worked	06/06/2000	Hours Worked Last Day	0
Benefit Start Date	12/03/2000	Benefit Term Date	09/28/2005
Benefit Paid Through Date	10/27/2005	Claim Registered Date	12/08/2000
Received Date	12/07/2000	STD to LTD Transition Date	
Any-Occ Date	09/28/2005	SUTA State	NEW YORK
Incurred Date	06/06/2000		

Standard Length of Disability Duration (in Days)

Part Time	Full Time	Red Flag	<input type="checkbox"/> Does Not Exist
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Medical Information

Mental Illness Limit	1 - Duration Restricted	Claim Complexity	
Primary ICD Code	72252		
Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN		
Secondary ICD Code			
Secondary ICD Description			
Condition	Illness		

Occupation Information

Occupation Category	01 - Officials and Managers	Date of Hire	05/05/1991
Employee ID		Work Related?	
Job Title	Officials and Managers		
Cause of Loss Description	054 - Sickness -- Non-Occ		

Key Dates

ERD			
ERD Reason Code		Actual RTW	
Provider's Estimated RTW		Proof of Loss Date	02/06/2001
Med Approved Through			

SAM Information

Pre-SAM Effective Date
SAM Review Type

SAM Effective Date

Policy / Key Change Information

Rated/Ported Code	3 - Pooled	Split Transition Date	
Number of Months in Split			
LINA Only			
Policy Symbol	NYK	Policy Number	0001972
Suffix	000	Coverage Code	80B
CG Only			
Account Number		Policy Code	
Major/Minor		Division	
Sub Minor			
<hr/>			
Last Changed User ID	Mark Sadders	Last Changed Date	09/28/2005 03:10 PM

Created: 04/03/2004 11:57 AM

Med/Voc

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Medical Information

Date Accident Happened or Symptoms First Appeared		ERD	
Provider's Estimated RTW Date			
Primary ICD Code	72252	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN
Secondary ICD Code		Secondary ICD Description	
Level of Functional Capacity		Actual RTW Date	

Healthcare Connect

Healthcare Connect	Early Notice ID
CHC Data Source	CHC Eligibility Source
CHC Medical Product Type	CIGNA Behavioral Type
CHC Well Aware	

Treatment Information

Name of Hospital or Clinic	
Date Admitted	Date Discharged
Expected Delivery Date	Delivery Method
Actual Delivery Date	Complications
Date of Surgery	Type of Surgery

Vocational Rehab Information

Mandatory Rehab	DOT Description
Occupational Characteristics	
DOT Occupational Titles1	DOT Occupational Titles2
DOT Occupational Titles3	Claimant Educational Background
Claimant Work History	
Rehab Accepted Date	Rehab Closed Date
Outcome	RTW Category

Last Changed User	Acenza Admin	Last Changed Date	03/09/2007 10:30 PM
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Created: 04/03/2004 11:57 AM

Financial

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Compensation Information

Weekly Amount	\$ 1369.23	Monthly Amount	\$ 5933.32
Average Weekly Wage (for 8 weeks preceding disability)	\$ 0.00	Total Hours Worked per Week	

Benefit Information

Waiting Period		Specify Other	
Waiting Period Code	06 - > 154 Days <= 184 Days		
Maximum Period		Specify Other	
Total Benefits Paid Through Amount	\$ 122109.03		
Period Code	07 - Age 65		

Contribution Information

STD Effective Date		Buy-Up Effective Date	
Contribution Taxability		Buy-Up Taxability	
Tax Contribution	0%	Post-Tax Buy-Up Contribution	0%
LTD Effective Date		Employer-Calculated Blended Contribution	50%

Overpayment Information

Total Amount	\$ 0.00	Deduct Amount	\$ 0.00
Deduct Start Date			

Social Security Information

Date of Birth of Youngest Dependent		Spouse Date of Birth	
Reimbursement Agreement Received Date		Authorization Form Received Date	
Vendor Name		Own Representation	
Vendor Referred Date			

Benefit Segment Index

Benefit Segment Number	Net Benefit Effective Date	Gross Benefit Amount	Net Benefit Amount
1	12/03/2000	\$ 4153.32	\$ 100.00
2	12/06/2000	\$ 3560.00	\$ 2050.00
3	12/07/2000	\$ 3560.00	\$ 3560.00

4	02/05/2001	\$ 3560.00	\$ 3560.00
5	02/03/2003	\$ 4153.32	\$ 1888.32
6	07/03/2004	\$ 4153.32	\$ 2273.45
7	12/03/2004	\$ 4153.32	\$ 2125.32

Benefit Segment Information

Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005
Compensation Frequency	Monthly	Compensation Amount	\$ 5933.32
Integration Method	03 - Backdoor Override	Override	70 %
Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$	Gross Benefit Amount	\$ 4153.32
Net Benefit Amount	\$ 100.00	Net Benefit Type	M - Minimum Benefit
Net Benefit Effective Date	12/03/2000		

Offset Information

Offset Type	Status	Effective Date	Term Date	Amount
23 - Rehabilitation	T - Expected RTW	06/06/2000		\$ 0.00
01 - Short Term Disability Income	A - Actual or Approved Offset	06/05/2000		\$ 2894.41
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - Dependent SS with freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 755.00
				\$

Benefit Segment Information

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Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$	Gross Benefit Amount	\$ 3560.00
Net Benefit Amount	\$ 2050.00	Net Benefit Type	N - Gross or Gross less Offsets
Net Benefit Effective Date	12/06/2000		

Offset Information

Offset Type	Status	Effective Date	Term Date	Amount
23 - Rehabilitation	T - Expected RTW	06/06/2000		\$ 0.00
01 - Short Term Disability Income	V - Terminated	12/06/2000		\$ 0.00
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00

\$
\$

Benefit Segment Information

Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005
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Flat Benefit Amount	\$	Gross Benefit Amount	\$ 3560.00
Net Benefit Amount	\$ 3560.00	Net Benefit Type	N - Gross or Gross less Offsets
Net Benefit Effective Date	12/07/2000		

Offset Information

Offset Type	Status	Effective Date	Term Date	Amount
23 - Rehabilitation	T - Expected RTW	06/06/2000		\$ 0.00
01 - Short Term Disability Income	V - Terminated	12/06/2000		\$ 0.00
				\$
				\$
				\$

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Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$	Gross Benefit Amount	\$ 3560.00
Net Benefit Amount	\$ 3560.00	Net Benefit Type	N - Gross or Gross less Offsets
Net Benefit Effective Date	02/05/2001		

Offset Information

Offset Type	Status	Effective Date	Term Date	Amount
23 - Rehabilitation	T - Expected RTW	06/06/2000		\$ 0.00
01 - Short Term Disability Income	V - Terminated	12/06/2000		\$ 0.00
04 - Primary Disability w/ freeze	T - Expected RTW	06/06/2000		\$ 0.00
				\$
				\$

Benefit Segment Information

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Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$	Gross Benefit Amount	\$ 4153.32
Net Benefit Amount	\$ 1888.32	Net Benefit Type	X - Override Max less Offsets
Net Benefit Effective Date	02/03/2003		

Offset Information

Offset Type	Status	Effective Date	Term Date	Amount
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - Dependent SS with freeze	01 - SS Award @ Initial Application	12/01/2002		\$ 755.00
				\$
				\$
				\$

Benefit Segment Information

Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005
Compensation Frequency	Monthly	Compensation Amount	\$ 5933.32
Integration Method	03 - Backdoor Override	Override	70 %
Calculation Rounding Indicator	A - Basic Amt to Nearer Dollar	Override Amount	\$ 4153.32
Calculation Basic	60 %	Basic Amount	\$ 3559.99
Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$ 0.00	Gross Benefit Amount	\$ 4153.32
Net Benefit Amount	\$ 2273.45	Net Benefit Type	C - COLA Updates
Net Benefit Effective Date	07/03/2004		

Offset Information

Offset Type	Status	Effective Date	Term Date	Amount
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - Dependent SS with freeze	01 - SS Award @ Initial Application	12/01/2002		\$ 755.00
				\$ 0.00
				\$ 0.00
				\$ 0.00

Benefit Segment Information

Benefit Frequency	M - One Month (Standard 30 Day)	Benefit Paid Through Date	10/27/2005
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Compensation Frequency	Monthly	Compensation Amount	\$ 5933.32
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Benefit Minimum Amount	\$ 100.00	Benefit Maximum Amount	\$ 15000.00
Flat Benefit Amount	\$ 0.00	Gross Benefit Amount	\$ 4153.32
Net Benefit Amount	\$ 2125.32	Net Benefit Type	C - COLA Updates
Net Benefit Effective Date	12/03/2004		

Offset Information

Offset Type	Status	Effective Date	Term Date	Amount
04 - Primary Disability w/ freeze	01 - SS Award @ Initial Application	12/01/2000		\$ 1510.00
06 - Dependent SS with freeze	01 - SS Award @ Initial Application	12/01/2002		\$ 755.00
				\$ 0.00
				\$ 0.00
				\$ 0.00

Last Changed User	Mark Soddors	Last Changed Date	12/22/2004 11:21 AM
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Created: 04/03/2004 11:57 AM

Eligibility

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Decision Information

Core	Date
Buy-Up	Date

Supplemental Information

CIGNA Life Insurance	Life Policy Number
Waiver of Premium	Family Monthly Income Yes
Pension Contribution	Total & Permanent Disability
Late Submittal	Pension Supplement No
Pre-Existing Condition 6 - Policy has a PCL -na	Continuity of Coverage
PCL Investigation Begin	PCL Investigation End
Date	Date
Occupational Provision	

Employer Location Information

Location Number	01	Location	WEILL CORNELL MEDICAL
Address Line 1	ATTN: CLARE MCDONOUGH		
Address Line 2	445 E. 69TH ST. RM 220		
City	NEW YORK	State/Province	NY
		Zip Code	10021

Last Changed User	JOHN SCHOENER	Last Changed Date	07/03/2003 12:00 AM
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Created: 04/03/2004 11:57 AM

SIU/Appeal

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Special Investigation

SIU Acceptance Date	SIU Completed Date
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Appeal Information

Claim Re-opened Date

First Appeal

Appeal Received Date	05/30/2002
Appeal Acknowledgement	
Letter Sent Date	
Appeal Resolution Date	03/31/2006

Second Appeal

Appeal Received Date	09/21/2006
Appeal Acknowledgement	10/26/2006
Letter Sent Date	
Appeal Resolution Date	12/08/2006

Last Changed User	JOHN SCHOENER	Last Changed Date	07/03/2003 12:00 AM
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Created: 04/03/2004 11:57 AM

Supp Covg

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Family Monthly Income

Eligible	No	Claim Status	
Net Benefit Amount	\$ 0.00	Benefit %	0.00 %
Benefit Start Date		Benefit Term Date	
Benefit Frequency		Benefit Period Code	
Employee Contribution %	0.00 %		

Pension Supplement

Eligible	No	Claim Status	
Net Benefit Amount	\$ 0.00	Benefit %	0.00 %
Benefit Start Date		Benefit Term Date	
Benefit Frequency		Benefit Period Code	
Employee Contribution%	0.00 %		

Pension Contribution

Eligible	No	Taxable	
Net Benefit Amount	\$ 0.00	Benefit %	0.00 %
Employee Contribution%	0.00 %		

Total & Permanent Disability

Interest Rate	0.00 %	Paid Out As	
TPD Rate	0.00 %	TPD Amount	\$ 0.00

Spouse Information

First Name	MI	Last Name
SSN		Date of Birth
Is Spouse Employed?		If Employed

Last Changed User	JOHN SCHOENER	Last Changed Date	07/03/2003 12:00 AM
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Created: 04/03/2004 11:57 AM

Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title file received from closed storage? Ordered 09/10

Comment/Instruction

File rec'd and sent to copy service for request by attorney. Copy of file and letter sent to attorney on 09/20/2007.

Last Changed User	Leon Farmer	Last Changed Date	09/20/2007 09:41 AM
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Status:	Completed	Assigned To:	Leon Farmer	Created:	09/07/2007 05:22 PM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title Please recall from closed storage. Thnx Leon
Comment/Instruction

Last Changed User	Wilma Lord	Last Changed Date	09/14/2007 12:59 PM
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Status:	Completed	Assigned To:	Wilma Lord	Created:	09/10/2007 12:26 PM
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Follow-Up Tasks - Correspondence Task

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title Core Team Appeal Ack Ltr

Comment/Instruction

DocGen System Notice of Letter Creation.
 Reference ~1146781~967044~
 Role: Attorney
 Specialty:
 Primary Recipient: DELOTT, JEFFREY
 Company: LAW OFFICES OF JEFFREY DELOTT
 Category:
 System title: Core Team Appeal Ack Ltr
 Author: FARMER, CLAUDE
 Date Sent: Sep 10 2007 12:41PM
 User title: att ack
 Enclosures Indicator:
 CC Indicator:

Last Changed User	Leon Farmer	Last Changed Date	09/10/2007 12:41 PM
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Status:	Completed	Assigned To:	Leon Farmer	Created:	09/10/2007 12:41 PM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title CX asked for third appeal.

Comment/Instruction

Calm was denied on a vol appeal on 12/07/2006. CX sent a letter dated 08/06/2007 wanting another appeal. CX appeal rights were exhausted in letter of 12/07/2006. I talked to Medha in appeals and it was agreed no other appeal would be considered. Letter sent to CX on 08/14/2007 advising we would not consider any additional appeal. Letter is in acclaim.

Last Changed User	Leon Farmer	Last Changed Date	08/14/2007 03:45 PM
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Status:	Completed	Assigned To:	Leon Farmer	Created:	08/14/2007 03:44 PM
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Follow-Up Tasks - Correspondence Task

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title Free Form Letter

Comment/Instruction

DocGen System Notice of Letter Creation.
 Reference ~1088032~915560~
 Role: Claimant
 Specialty:
 Primary Recipient: ALFANO, STEVEN
 Company:
 Category:
 System title: Free Form Letter
 Author: FARMER, CLAUDE
 Date Sent: Aug 14 2007 3:37PM
 User title: Appeal Ehausted
 Enclosures Indicator:
 CC Indicator:

Last Changed User	Leon Farmer	Last Changed Date	08/14/2007 03:37 PM
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Status:	Completed	Assigned To:	Leon Farmer	Created:	08/14/2007 03:37 PM
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Appeal Process

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Senior Appeals Specialist/STD Gatekeeper

Appeal Assignee	Medha Bharadwaj	Date	10/26/2006 03:30 PM	User ID	Karol Johnson
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Appeal Assignee

Detailed Acknowledgement Letter Sent Date 10/27/2006

Action Plan/Investigation Results

Voluntary appeal. 48 yom off work since 06/06/00 due to chronic back pain. Cx was paid LTD from 12/03/00 through 10/27/2005. Claim was denied based on an FCE showing cx could do sedentary work and TSA identified cx's own occupation. On voluntary appeal. Claim was staffed with Dr. Mendez as some new medical information was sent in. Medical did not support l/r precluding sedentary work. On voluntary appeal, no medical information was submitted. However, Gary Person, appeal manager, and Karol Johnson, ASCM, directed me to refer file for an orthopaedic peer review. Letter sent to atty advising of PR and PR form emailed to ANCM to facilitate the PR. PR received. see below for summary. PR stated that the l.r precluding sedentary work are not supported per the FCE. PR said cx would need to change positions, however this would still be in the confines of sedentary work. Cx's occ is sedentary. affirm and exhaust.

<input checked="" type="checkbox"/> Refer to MC/NCM	Date	12/11/2006 10:05 AM	User ID	Medha Bharadwaj
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MC/NCM**Medical Investigation Results**

10-30-06 ANCM received and reviewed referral form requesting Ortho/PR with Intracorp per TL request. Vendor notified of request.

Karen Haley RN

10-31-06 Kathy Douglas from Intracorp copied and delivered medical records to vendor.

Karen Haley RN

11-1-06 ANCM received Acknowledgement letter from Intracorp confirming request for Ortho/PR with a completion date of 11-15-06. ANCM will f/u by 11-16-06 if no report received.

Karen Haley RN

11-29-06 ANCM received Ortho/PR report back from Intracorp, completed by Dr. Weiss who found the provided medical records are insufficient to support R/L that would preclude sedentary abilities during the time period in question. Reviewer does not cx should change positions frequently, limit walking to not greater than one block. Please see report for details. ANCM discussed with ACM and file returned.

Karen Haley RN

<input checked="" type="checkbox"/> Refer Back To Assignee	Date	11/29/2006 02:16 PM	User ID	Karen Haley
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Recommendation

Appeal Assignee Recommendation	Upheld Original Denial
Referred to CAT TL/SCM/TL of Assignee	Date 12/07/2006 01:38 PM User ID Medha Bharadwaj

Decision

CAT TL (LTD)/SCM/TL of Assignee(STD) Decision Upheld Original Denial

If decision = Overturned, route task to the TL of the core team. If decision = Upheld, route task to appeal assignee.

Date	12/08/2006 09:35 AM	User ID	Gary Person
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Comments

Decision reviewed

☒ **Appeal Decision Letter Sent** **Date** 12/11/2006 10:04 AM **User ID** Medha Bharadwaj

Last Changed User Medha Bharadwaj **Last Changed Date** 12/11/2006 11:05 AM

Status: Completed **Assigned To:** Medha Bharadwaj **Created:** 10/26/2006 04:30 PM

Peer Review

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

ASO Only

Customer Approved	Date
First Name	Last Name

Peer Review

Requested Provider Specialty *	Orthopedist
Rationale *	Conflicting Medical Information
Vendor Referred Date *	10/30/2006
Claimant Notification Date *	11/01/2006
Special Instructions	
Specify Other	
Vendor Acknowledgement Date *	11/01/2006

Peer Review Provider

Provider Specialty *	Orthopedic Surgeon
First Name *	michael
City *	CARROLLTON
Phone Number	
Fax Number	
Last Name *	weiss
State / Province *	TEXAS
Ext.	
Zip Code *	75007
Report Received Date *	11/29/2006
Outcome *	Does Not Support Functionality
Complete Vendor QA Form	

Vendor Quality Assurance**Customer Service**

1. The ease in using this vendor service is rated as (on a scale of 1 to 5) * 3
Where 1 = Very Difficult and 5 = Very Easy

Impact

2. Impact/usefulness of the Vendor Service (on a scale of 1 to 5) * 3
Where 1 = No Impact and 5 = Strong Impact

Professionalism

3. Professional Delivery and Quality of Vendor Service (on a scale of 1 to 5) * 3
Where 1 = Least Professional and 5 = Most Professional

Follow-up Required

4. Was an Addendum Needed? * No
Reason for Addendum

Vendor Alert Form

5. Was a Vendor Alert Form submitted on this referral? * No

Expenses

6. Were vendor fees within contracted fee schedule? * Yes

Cost * \$ 0.00

If No, provide rationale for additional costs

Comments

10-30-06 ANCM received and reviewed referral form requesting Ortho/PR with Intracorp per TL request. Vendor notified of request.

Karen Haley RN

10-31-06 Kathy Douglas from Intracorp copied and delivered medical records to vendor.

Karen Haley RN

11-1-06 ANCM received Acknowledgement letter from Intracorp confirming request for Ortho/PR with a completion date of 11-15-06. ANCM will f/u by 11-16-06 if no report received.

Karen Haley RN

11-29-06 ANCM received Ortho/PR report back from Intracorp, completed by Dr. Weiss who found the provided medical records are insufficient to support R/L that would preclude sedentary abilities during the time period in question. Reviewer does not cx should change positions frequently, limit walking to not greater than one block. Please see report for details. ANCM discussed with ACM and file returned.

Karen Haley RN

Last Changed User	Karen Haley	Last Changed Date	11/29/2006 03:15 PM
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Status:	Completed	Assigned To:	Karen Haley	Created:	11/09/2006 10:10 AM
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Follow-Up Tasks - Correspondence Task

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title Free Form Letter**Comment/Instruction**

DocGen System Notice of Letter Creation.
Reference ~519274~420160~
Role: Attorney
Specialty:
Primary Recipient: COHEN, ADAM
Company: COHEN & SIEGEL, LLP
Category:
System title: Free Form Letter
Author: BHARADWAJ, MEDHA
Date Sent: Nov 13 2006 5:33PM
User title:
Enclosures Indicator:
CC Indicator:

Last Changed User	Medha Bharadwaj	Last Changed Date	11/13/2006 05:33 PM
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Status:	Completed	Assigned To:	Medha Bharadwaj	Created:	11/13/2006 05:33 PM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title 017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Comment/Instruction

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Last Changed User	Karol Johnson	Last Changed Date	11/03/2006 07:46 AM
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Status:	Completed	Assigned To:	Karol Johnson	Created:	11/03/2006 02:59 AM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title 017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Comment/Instruction

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Last Changed User	Karol Johnson	Last Changed Date	10/30/2006 07:09 AM
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Status:	Completed	Assigned To:	Karol Johnson	Created:	10/29/2006 02:54 AM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title 017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE**Comment/Instruction**

017 - BA OF RCD NOT ACTIVE ON SRO OPERATOR SECURITY FILE

Last Changed User	Karol Johnson	Last Changed Date	10/30/2006 07:08 AM
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Status:	Completed	Assigned To:	Karol Johnson	Created:	10/28/2006 03:43 AM
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Follow-Up Tasks - Correspondence Task

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title Free Form Letter

Comment/Instruction

DocGen System Notice of Letter Creation.

Reference ~488209~394236~

Role: Attorney

Specialty:

Primary Recipient: COHEN, ADAM

Company: COHEN & SIEGEL, LLP

Category:

System title: Free Form Letter

Author: BHARADWAJ, MEDHA

Date Sent: Oct 27 2006 1:59PM

User title:

Enclosures Indicator:

CC Indicator:

Last Changed User	Medha Bharadwaj	Last Changed Date	10/27/2006 01:59 PM
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Status:	Completed	Assigned To:	Medha Bharadwaj	Created:	10/27/2006 01:59 PM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title 009 - REGISTRATION UPDATE ATTEMPTED ON A CLOSED CLAIM**Comment/Instruction**

009 - REGISTRATION UPDATE ATTEMPTED ON A CLOSED CLAIM

Last Changed User	Karol Johnson	Last Changed Date	10/27/2006 07:12 AM
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Status:	Completed	Assigned To:	Karol Johnson	Created:	10/27/2006 03:03 AM
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Appeal Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sadders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Core Team Claim Manager

ERISA Indicator *	ERISA
Financial Arrangement	1 - Fully Insured
Appeal Received Date *	09/21/2006
Appeal Acknowledgement Letter Sent Date *	10/26/2006
Original Denial Date	09/28/2005
Reason for Original Denial *	A - Denied, Not TD Any Occ
Does new information support re-open of claim? *	No

Rationale / Special Handling Instructions (if applicable)

Prior review by Noemi Landis.

<input type="checkbox"/> Referred to SCM/TL, if required	Date	User ID
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SCM/TL**Decision *** Send to CAT (LTD)

If the decision is not to re-open, then re-route the task to the party selected above.

Comments

If decision is to Re-open, refer to Claim Manager

Claim Manager Referral Date (Re-opens only)**User ID****Centralized Appeals Team / STD Appeals**

10/26/2006 03:30 PM

User ID Karol Johnson**Gatekeeper Referral Date**

<input type="checkbox"/> Appeal Decision Letter Sent (Re-Opens only)	Date	User ID
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Last Changed User	Karol Johnson	Last Changed Date	10/26/2006 04:30 PM
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Status:	Completed	Assigned To:	Karol Johnson	Created:	10/26/2006 04:30 PM
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Follow-Up Tasks - Correspondence Task

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title Appeal Ack Ltr - Claimant Request for Appeal

Comment/Instruction

DocGen System Notice of Letter Creation.
 Reference ~86929~68042~
 Role: Attorney
 Specialty:
 Primary Recipient: COHEN, ADAM
 Company: COHEN & SIEGEL, LLP
 Category:
 System title: Appeal Ack Ltr - Claimant Request for Appeal
 Author: SODDERS, MARK
 Date Sent: Mar 3 2006 3:37PM
 User title: Appeal Ack
 Enclosures Indicator:
 CC Indicator: Y

Last Changed User	Mark Soddors	Last Changed Date	09/30/2006 04:59 PM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	03/03/2006 03:37 PM
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Appeal Process

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Senior Appeals Specialist/STD Gatekeeper

Appeal Assignee	Noemi Martinez-Landis	Date	03/07/2006 09:36 AM	User ID	Karol Johnson
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Appeal Assignee

Detailed Acknowledgement Letter Sent Date	03/21/2006
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Action Plan/Investigation Results

48 yom claiming LTD benefits from 10/28/05 forward. Benefits were paid from 12/3/00-10/27/05. Attorney submitting appeal cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also indicates that SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05. Medical submitted from Dr. Aleiades and Dr. Roach, indicates both AP's cites findings on PE, imaging tests, and L/R in one actual medical records submitted, which is an MRI Lumbar Spine dates 07/08/2005 showing moderate spinal stenosis L4-L5 and L5-S1. Will staff file with AMD. 3/29/06 based on mr on file functional deficits are not supported for time period in question and appeal is affirmed.

<input checked="" type="checkbox"/> Refer to MC/NCM	Date	03/22/2006 12:32 PM	User ID	Noemi Martinez-Landis
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MC/NCM**Medical Investigation Results**

AMD Mendez FCE reviewed along with job requirements. Validity measures met. Exam concluded Mr. Alfano was able to perform his sedentary level work duties. So original decision remains supported.

<input checked="" type="checkbox"/> Refer Back To Assignee	Date	03/29/2006 11:51 AM	User ID	Noemi Martinez-Landis
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Recommendation

Appeal Assignee Recommendation	Upheld Original Denial
Referred to CAT TL/SCM/TL of Assignee	Date 03/29/2006 11:55 AM User ID Noemi Martinez-Landis

Decision

CAT TL (LTD)/SCM/TL of Assignee(STD) Decision Upheld Original Denial

If decision = Overturned, route task to the TL of the core team. If decision = Upheld, route task to appeal assignee.

Date	03/31/2006 08:46 AM	User ID	Gary Person
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Comments

Decision reviewed

<input checked="" type="checkbox"/> Appeal Decision Letter Sent	Date	04/13/2006 02:29 PM	User ID	Noemi Martinez-Landis
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Last Changed User	Noemi Martinez-Landis	Last Changed Date	04/13/2006 03:31 PM
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Status:	Completed	Assigned To:	Noemi Martinez-Landis	Created:	03/07/2006 10:35 AM
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Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

** Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title needs review

Referral Type Medical

Role Associate Medical Director **Name** Scott Taylor ☐ New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☐ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☒ Other Specify Other

Comments

Please determine if medical records on file support functional deficits at a Medium capacity on FT basis beyond the BWP, 7/30/05-1/15/06.

Last Changed User	Noemi Martinez-Landis	Last Changed Date	04/03/2006 12:12 PM
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Status:	Completed	Assigned To:	Noemi Martinez-Landis	Created:	04/03/2006 12:12 PM
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Appeal Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Core Team Claim Manager

ERISA Indicator *	ERISA
Financial Arrangement	1 - Fully Insured
Appeal Received Date *	02/28/2006
Appeal Acknowledgement Letter Sent Date *	03/03/2006
Original Denial Date	09/28/2005
Reason for Original Denial *	A - Denied, Not TD Any Occ
Does new information support re-open of claim? *	Unable to Evaluate

Rationale / Special Handling Instructions (if applicable)

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Medical submitted is from Dr. Aleiades and Dr. Roach, which is a form completed from both AP's that cites findings on PE, imaging tests, and L/R only one actual medical records submitted, which is an MRI Lumbar Spine dates 07/08/2005, which indicates moderate spinal stenosis L4-L5 and L5-S1.

Referred medical submitted with Appeal to NCM for review. NCM's review indicates that this additional medical provided is insufficient to support a change in severity of deficits that significantly impacts function after the FCE.

Referring to appeals team for handling.

MDSoddors CM

☒ Referred to SCM/TL, if required

Date 03/03/2006 01:51 PM

User ID Mark Soddors

SCM/TL

Decision * Send to CAT (LTD)

If the decision is not to re-open, then re-route the task to the party selected above.

Comments

If decision is to Re-open, refer to Claim Manager

Claim Manager Referral Date (Re-opens only)

User ID

Centralized Appeals Team / STD Appeals

03/03/2006 04:35 PM

User ID Kathy Harvey

Gatekeeper Referral Date



Appeal Decision Letter Sent (Re-Opens only)

Date

User ID

Last Changed User Karol Johnson

Last Changed Date

03/07/2006 10:35 AM

Status: Completed

Assigned To:

Karol Johnson

Created:

03/03/2006 02:47 PM

Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Referral Type Medical

Role Nurse Case Manager

Name Kay Rhodes

☐ New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☐ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☒ Other

Specify Appeal Medical Review
Other

Comments

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Medical submitted is from Dr. Aleiades and Dr. Roach, which is a form completed from both AP's that cites findings on PE, imaging tests, and L/R only one actual medical records submitted, which is an MRI Lumbar Spine dates 07/08/2005, which indicates moderate spinal stenosis L4-L5 and L5-S1.

Referring medical submitted with Appeal to NCM for review.

MDSoddors CM

Title Appeal Medical Review

Referral Yes

Date 03/03/2006

Accepted

Comments

3/3/06 Additional medical sent w/appeal letter from attorney. Referred to NCM at this time for review of new medical to assess if there has been a change in cx condition providing a severity of deficits that impact functionality since FCE which

identified functionality. Kay Rhodes, RN, CCM

Additional medical-

7/8/05 L/S MRI-L4, L5 mod stenosis, no nerve root displacement, stable.

1/6/06 Form completed by Dr Roach-provided tx dates from 7/6/00-7/1/05. Documented cx condition-chronic and has to lie down several times daily. State medications have S/E. R/L-sit 20 min cont for 2 hrs, stand 15 minutes for 1 hr, walk 1 block for 1 hr. He can never lift, carry, bend, squat, crawl, climb. He can reach occas and use upper extremity to grasp, push/pull, fine manipulation. He can use feet for repetitive mvmts. He has mild R/L for heights, being around machinery, otherwise no environmental R/L. He can travel.

1/11/06 Form completed by Dr Alexiades/orthosx-provided tx dates from 5/15/96-7/14/05. Cont pain-various sites-leg, hip, back, numbness associated w/back pain. Exam-SLR-pos, weakness walking on toes, RT lateral hip pain, bursitis. MRI positive for stenosis, degenerative disc disease. Prognosis-poor. Has to lie down .5-2 hrs, x2-3/day. Meds-Vicodin, Feldene, OTC NSAIDS. No side effects reports. R/L-sit 20 min for 2 hrs, stand 15 min for less than 1.5 hrs, walk less than 1 block less than 1 hr. lift/carry-5 lbs occas, never ben, crawl, climb. Can squat, reach-occas. He can use hands for repetitive action for simple grasp, push/pull, fine manip. He can use feet for repetitive mvmts. He is restricted to mild in heights and being around machinery. He can travel.

Investigation Result

NCM ASSESSMENT/PLAN

Additional medical provided is insufficient to support a change in severity of deficits that significantly impacts function after the FCE. This is evidenced by the FCE which was performed on 7/25/06 revealing that the cx had functionality at the sedentary level. The VRC identified positions that included the restrictions and limitations for alternating cx position when necessary. The forms that were completed by the APs with the additional medical provided vague responses from both APs with no objective measureable findings for range of motion and neurological deficits. One form from Dr Roach contained many illegible responses. The R/L the forms gave were inconsistent with what the cx tested in capabilities on the FCE on 7/26/05. Discussed with CM and file returned. Kay Rhodes, RN, CCM

Last Changed User	Kay Rhodes	Last Changed Date	03/03/2006 11:29 AM
Status:	Completed	Assigned To:	Kay Rhodes
		Created:	03/03/2006 08:49 AM

Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

*** Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits**

Title Appeal Medical Review

Referral Type Medical

Role Nurse Case Manager **Name** Kay Rhodes ☐ **New Nurse/VRC of Record**

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☐ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☒ Other **Specify Other** Appeal Medical Review

Comments

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Medical submitted is from Dr. Aleiades and Dr. Roach, which is a form completed from both AP's that cites findings on PE, imaging tests, and L/R only one actual medical recrods submitted, which is an MRI Lumbar Spine dates 07/08/2005, which indicates moderate spinal stenosis L4-L5 and L5-S1.

Referring medical submitted with Appeal to NCM for review.

MDSoddors CM

Last Changed User	Mark Soddors	Last Changed Date	03/03/2006 08:49 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	03/03/2006 08:49 AM
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Claim Strategy

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Update Rationale

Title	Appeal Medical Received
Update Rationale	Other New Information

For Walk-up and Nurse Interaction Only

Role	Name
-------------	-------------

For Staffings Only - Indicate Resources Present (check all that apply)

- ☐ AMD
☐ NCM
☐ VRC
☐ CBH Specialist
☐ On-Site Psych
☐ Network Orthopedist

Claim Status Information

Status	Closed
Status Reason	Denied, Not TD Own Occ
Reopened Reason	
Second Eye Review Required	

<input type="checkbox"/> Second Eye Review Complete	Date	User ID
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Comments

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings. Cx's claim should be reopened.

Referring Medical submitted with Appeal to NCM for review.

MDSoddors CM

Duration Information

Part Time	Full Time	Red Flag
<input type="checkbox"/> Does Not Exist		
Provider's Estimated RTW Date	Days	0
ERD	ERD Reason	
Primary ICD Code 72252	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN

Strategy Documentation

Level of Functional Capacity

Restrictions & Limitations

Subjective / Objective Findings / Treatment

Outstanding Issues and Follow-up Dates

Strategy

Attorney submitted appeal letter. This letter states that cx remains TD from both parts of the disability definition. Attny stated cited tests indicating L5 Nerve Root Impingement and Radiculopathy, and indicates that this is correlated by physical examination. Attorney also cited the SSA ALJ decision to award Cx. Information posed to this office is prior to FCE dated 07/26/05, most notably medical from 2002. Attorney submitted medical from 2006 that shows, according to attorney, a worsening of cx's condition. However, no mention was ever made concerning the findings of the FCE in correlation to this medical. Attorney did state that the FCE was the only item we utilized in making the determination. Attorney surmised that, based on the therapists report in the FCE, Sedentary was chosen as it was the lowest available on the form. Attny stated that based on the aforementioned information, and that the sum of evidence also indicates Cx is unable to earn more than 80 indexed covered earnings, Cx's claim should be reopened.

Referring Medical submitted with Appeal to NCM for review.

MDSodders CM

Last Changed User	Mark Sodders	Last Changed Date	03/03/2006 08:45 AM
Status:	Completed	Assigned To:	Mark Sodders
		Created:	03/03/2006 08:45 AM

Claimant Contact

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Contact Information☒ **First Phone Call****Result** Successful**Date** 09/30/2005 01:11 PM**User ID** Mark Soddors☐ **Second Phone Call****Result****Date****User ID**☐ **Generate Letter/Fax****Date****User ID**☐ **Incoming Call****Date****User ID**☐ **Mail Received****Date****User ID****Contact Comments**

Called cx at 718-884-2067 to inform of denial and appeal process. Cx stated his understanding, and will wait on denial letter to speak with AP. In addition, cx will be faxing over a written request for his file copy.
MDSoddors CM

Interview Documentation**Primary Diagnosis/Symptoms/Co-Morbid Conditions****Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization****Functionality/Job Duties/Set Expectations****Spouse Information****First Name****MI****Last Name****SSN****Date of Birth****Is Spouse Employed?****If Employed****Date of Birth of Youngest Dependent****Other Income Benefits****Comments**

Called cx at 718-884-2067 to inform of denial and appeal process. Cx stated his understanding, and will wait on denial letter to speak with AP. In addition, cx will be faxing over a written request for his file copy.
MDSoddors CM

Last Changed User Mark Soddors**Last Changed Date** 09/30/2005 02:12 PM**Status:** Completed**Assigned To:** Mark Soddors**Created:** 09/30/2005 01:16 PM

Claim Strategy

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Update Rationale

Title	Denial Team Staffing
Update Rationale	Staffing

For Walk-up and Nurse Interaction Only

Role	Name
-------------	-------------

For Staffings Only - Indicate Resources Present (check all that apply)

- ☐ AMD
☐ NCM
☐ VRC
☐ CBH Specialist
☐ On-Site Psych
☐ Network Orthopedist

Claim Status Information

Status	Closed
Status Reason	Denied, Not TD Own Occ
Reopened Reason	
Second Eye Review Required	

<input type="checkbox"/> Second Eye Review Complete	Date	User ID
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Comments

Staffing. Cx experiences problems secondary to back and neck pain. A Functional Capacity Evaluation shows an ability to operate at a sedentary level occupation. The Transferable Skills Analysis identifies the capacity to perform own occupation. Claim should be denied, not TD OO.
MDSoddors CM

Duration Information

Part Time	Full Time	Red Flag
<input type="checkbox"/> Does Not Exist		
Provider's Estimated RTW Date	Days	0
ERD	ERD Reason	
Primary ICD Code	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN
72252		

Strategy Documentation

Level of Functional
Capacity

Restrictions & Limitations

Subjective / Objective Findings / Treatment

Outstanding Issues and Follow-up Dates

Strategy

Staffing. Cx experiences problems secondary to back and neck pain. A Functional Capacity Evaluation shows an ability to operate at a sedentary level occupation. The Transferable Skills Analysis identifies the capacity to perform own occupation. Claim should be denied, not TD OO.
MDSodders CM

Last Changed User	Mark Sodders	Last Changed Date	09/28/2005 03:13 PM
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Status:	Completed	Assigned To:	Mark Sodders	Created:	09/28/2005 03:13 PM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u TSA**Comment/Instruction**08/08/05 referred
08/09/05 received

Last Changed User	Mark Soddors	Last Changed Date	08/09/2005 03:08 PM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	08/08/2005 08:48 AM
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Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Referral Type Vocational

Role Vocational Rehab Counselor

Name Ginny Schmidt

☐ New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☒ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☐ Other

**Specify
Other**

Comments

08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

As such, if cx's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly.

MDSoddors CM

Title TSA Results

Referral Yes

Date 08/09/2005

Accepted

Comments

Investigation Result

The TSA has been performed using the sedentary restrictions from the FCE done on 7/26/05 on the claimant, along with his work history of being a Wage and Salary Manager twice in his history, and as an Asst. Director of Human Resources, having a Bachelors Degree in Business Administration/Psychology, and having taken 1 year of classwork in Graduate School for MIS, and the wage requirement of \$5,172.63 a month. Using these criteria, several jobs were indicated for his current abilities, which should allow alternation of physical positions throughout the workday, at his will, including his own job as a Salary and Wages Manager Compensation Manager for the Policyholder. Along with this position, several others were indicated, including management in data processing and computer operations, employee welfare and mediation and credit analysis. See full report in the file. Returning file and report to the CM for review.

Last Changed User Ginny Schmidt

Last Changed Date 08/09/2005 11:20 AM

Status: Completed

Assigned To:

Ginny Schmidt

Created:

08/08/2005 09:15 AM

Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

** Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title TSA

Referral Type Vocational

Role Vocational Rehab Counselor **Name** Ginny Schmidt ☐ **New Nurse/VRC of Record**

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☒ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☐ Other Specify Other

Comments

08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

As such, if cx's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly.

MDSoddors CM

Last Changed User	Mark Soddors	Last Changed Date	08/08/2005 09:15 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	08/08/2005 09:15 AM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u FCE report**Comment/Instruction**06/09/05 referred
07/26/05 is date of testing
08/05/05 received

Last Changed User	Mark Soddors	Last Changed Date	08/08/2005 08:44 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	06/09/2005 01:35 PM
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Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Referral Type Vocational

Role Vocational Rehab Counselor **Name** Ginny Schmidt ☐ New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☒ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☐ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☐ Other **Specify Other**

Comments

referring for 1-day FCE.
MDSoddors CM

Title FCE Scheduling

Referral Yes **Date** 06/10/2005

Accepted**Comments**

File being given to Tiffany to set up 1 day FCE. GS Appt now set for 7/26/05. GS

Investigation Result

The FCE report has been received. The claimant was found to be able to function at the sedentary level of work, for and 8 hour workday, but it would have to be a position in which he would not have to perform any lifting and carrying of more than negligible amounts, and he will need to be able to be able to change positions while sitting approximately every 10-15 minutes. They were unable to complete the dynamic and static lifting tests, the aerobic testing on the treadmill and much of the other testing due to his complaints of pain and needing to lie down to get relief. He was found to be able to perform fine manipulation, handling, reaching, pushing/pulling, climb stairs, sitting, standing and walking all on an occasional basis, and was unable to climb ladders, stoop, kneel, crouch, crawl, or balance, and had the need to use a cane for ambulation. On a constant basis, he is able to see, hear, talk. They felt he gave a maximum effort during testing, due to his increase in respiration and heart rate during the tests. See full report in the file. Returning file and report to the CM for review.

Last Changed User	Ginny Schmidt	Last Changed Date	08/05/2005 03:38 PM
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Status:	Completed	Assigned To:	Ginny Schmidt	Created:	06/09/2005 01:37 PM
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IME and/or FCE

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Exam Type * Functional Capacity Evaluation

ASO Only

Customer Approved	Date
First Name	Last Name
Has claim been reviewed by an AMD?	
Special Instructions	

Cx rescheduled app. old date 7/7/05 new date 7/26/05. TBrown

Vendor Referred Date	06/10/2005	Vendor Acknowledgement Date	06/10/2005
Exam Date	07/26/2005	Claimant Notification Date	06/10/2005

Independent Medical Examination

Requested Provider Specialty	
Provider Specialty	
IME Rationale	Specify Other
Provider First Name	Provider Last Name

Functional Capacity Evaluation

FCE Rationale	Functional Capacity is Unclear	Specify Other
FCE Duration	1 Day	
Name of Facility	Healthsouth	
City	BRONX	State/Province NEW YORK Zip Code 10463
Claimant State of Residence		Prescription as of (if required)
Report Received Date *	08/04/2005	
Did Claimant attend appointment? *	Yes	
Outcome *	Supports Functionality	

Vendor Quality Assurance**Customer Service**

1. The ease in using this vendor service is rated as (on a scale of 1 to 5) * 3

Where 1 = Very Difficult and 5 = Very Easy

Impact

2. Impact/usefulness of the Vendor Service (on a scale of 1 to 5) * 3

Where 1 = No Impact and 5 = Strong Impact

Professionalism

3. Professional Delivery and Quality of Vendor Service (on a scale of 1 to 5) *

Where 1 = Least Professional and 5 = Most Professional

Follow-up Required

4. Was an Addendum Needed? * No

Reason for Addendum

Vendor Alert Form

5. Was a Vendor Alert Form submitted on this referral? * No

Expenses

6. Were vendor fees within contracted fee schedule? * Yes

Cost * \$ 0.00

If No, provide rationale for additional costs

Comments

Last Changed User	Tiffany Brown	Last Changed Date	08/04/2005 02:47 PM
Status:	Completed	Assigned To:	Tiffany Brown
		Created:	06/10/2005 10:50 AM

Claimant Contact

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Contact Information☐ First Phone Call**Result****Date****User ID**☐ Second Phone Call**Result****Date****User ID**☐ Generate Letter/Fax**Date****User ID**☒ Incoming Call**Date** 07/05/2005 01:52 PM**User ID**

Mark Sodders

☐ Mail Received**Date****User ID****Contact Comments**

Cx called about FCE. Wanted to inform me of the date of the FCE, and had question concerning the physical exam language in policy, specifically concerning the word pending. Informed cx that pending in this case refers to, in his specific case, that information was received from his doctor, and then upon request for clarification on this information, his doctor reversed his position. As such, at this junction in his claim for continuing eligibility, clarification on his functionality is warranted. Cx states his understanding.

MDSodders CM

Interview Documentation**Primary Diagnosis/Symptoms/Co-Morbid Conditions****Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization****Functionality/Job Duties/Set Expectations****Spouse Information****First Name****MI****Last Name****SSN****Date of Birth****Is Spouse Employed?****If Employed****Date of Birth of Youngest Dependent****Other Income Benefits****Comments**

Cx called about FCE. Wanted to inform me of the date of the FCE, and had question concerning the physical exam language in policy, specifically concerning the word pending. Informed cx that pending in this case refers to, in his specific case, that information was received from his doctor, and then upon request for clarification on this information, his doctor reversed his position. As such, at this junction in his claim for continuing eligibility, clarification on his functionality is warranted. Cx states his understanding.

MDSodders CM

Last Changed User Mark Sodders**Last Changed Date**

07/05/2005 02:56 PM

Status: Completed**Assigned To:**

Mark Sodders

Created:

07/05/2005 02:56 PM

Claimant Contact

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Contact Information☒ **First Phone Call****Result** Left Message - With Individual**Date** 06/09/2005 12:49 PM**User ID** Mark Soddors☐ **Second Phone Call****Result****Date****User ID**☐ **Generate Letter/Fax****Date****User ID**☐ **Incoming Call****Date****User ID**☐ **Mail Received****Date****User ID****Contact Comments**

06/09/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding
MDSoddors CM

Interview Documentation**Primary Diagnosis/Symptoms/Co-Morbid Conditions****Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization****Functionality/Job Duties/Set Expectations****Spouse Information****First Name****MI****Last Name****SSN****Date of Birth****Is Spouse Employed?****If Employed****Date of Birth of Youngest Dependent****Other Income Benefits****Comments**

06/09/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding
MDSoddors CM

Last Changed User Mark Soddors**Last Changed Date** 06/09/2005 02:07 PM**Status:** Completed**Assigned To:**

Mark Soddors

Created:

06/09/2005 01:55 PM

Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

** Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title	FCE	Name	Ginny Schmidt	<input type="checkbox"/> New Nurse/VRC of Record
Referral Type	Vocational			
Role	Vocational Rehab Counselor			

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☒ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☐ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☐ Other Specify Other

Comments

referring for 1-day FCE.
MDSoddors CM

Last Changed User	Mark Soddors	Last Changed Date	06/09/2005 01:37 PM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	06/09/2005 01:37 PM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u AMD to schedule FCE Dates**Comment/Instruction**

04/11/05 was to be referred, but sent dots and request to cx to assist in expediting the request. See 04/11/05 phone contact task
04/28/05 FCE postponed until AMD to AP contact has been made.
06/09/05 received claim back from AMD. Refer for FCE

Last Changed User	Mark Soddors	Last Changed Date	06/09/2005 01:35 PM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	04/11/2005 03:38 PM
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Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

***Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits**

Referral Type Medical

Role Associate Medical Director

Name Scott Taylor

☐ New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☐ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☒ Other

Specify contact AP
Other

Comments

From 04/27/05 staffing with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal. Updated O/N from 08/01/04 through present obtained.

Dr. Roach's number is 212-746-8127.

MDsoddors CM

Title IRR #1

Referral Yes

Date 06/03/2005

Accepted

Comments

6/3/05 Title Wage & Salary Mgr. Work Demands Any Occupation. Diagnosis Lumbar spinal stenosis cervical DDD. Incur Date 6/6/2000.

PAA said sedentary. TSA showed transferrable skills for 4 occupations. TSA info sent to Dr but he never answered CM so FCE was ordered. Then Dr changed mind & said Cx could not do any of the 4 occupations found. Says Cx can only work if sits w/o frequent standing, & can lay down as needed & ice. Had hip arthroscopy 4/16/03. No ortho notes since 5/03. Last Internal med notes 1/22/04, however DQ says seen 7/20/04. Agree w/ D2D since to information to support L&Rs.

RECORD REVIEW Medical records reviewed include but are not limited to Lumbar MRI, 6/9/2000 moderate to severe L5-S1 spondylosis w/ impingement L L5 nerve root. Progress notes, Dr Keith Roach Internal Medicine, 1/18/02 here for pre-operative evaluation from IM standpoint because to have arthroscopic shoulder surgery. Has had previous rotator cuff repair. PMH severe L5-S1 spinal stenosis. BP 140/104. Impression low risk for planned surgery. Operative report, Michael Alexiades orthopedist, 1/28/02 Right shoulder arthroscopy w/ subacromial decompression, distal claviclectomy, bursectomy, & lysis of subacromial adhesions. MRI R Hip, 5/23/02 superficial cartilage loss over R joint, acetabular dysplasia, torn hyperplastic degenerated anterior acetabular labrum. Progress notes, Dr Roach, 6/11/02 here for pre-operative evaluation from IM standpoint because to have hip surgery. Old benign tumor of femur compatible w/ chondral lesion. BP 124/84. Still has moderate impingement in shoulder. Impression low risk for planned surgery. Operative report, Michael Alexiades orthopedist, 6/13/02 Left shoulder arthroscopy w/ subacromial decompression & AC joint resection. Progress notes, Dr Roach, 9/27/02 BP 130/90. Using Vicodin pm. No change in tx. IME, Dr David Trotter orthopedist, 12/10/02 support unable to work normal occupation from 12/3/200 until present. Continued on IRR #2.

Investigation Result

ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&Rs of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.

Scott C. Taylor, DO

Last Changed User	Scott Taylor	Last Changed Date	06/09/2005 09:40 AM
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Status:	Completed	Assigned To:	Scott Taylor	Created:	06/01/2005 11:25 AM
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Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

***Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits**

Referral Type Medical

Role Associate Medical Director

Name Scott Taylor

☐ New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☐ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☒ Other

Specify continue IRR #1 comments
Other

Comments

Insufficient space on IRR #1. Please complete on IRR #2.
Scott C. Taylor, DO

Title IRR #2

Referral Yes

Date 06/09/2005

Accepted

Comments

Continued from IRR #1.....

Operative report, Dr Alexiades, 4/16/03 R hip athroplasty & labrectomy. Cx had inverted labral tear. Anterior & posterior labrum removed in entirety. Progress notes, Dr Roach, 5/21/03 surgery for hip went well. Considering surgery for back. BP 130/90. Progress notes, Dr Roach, 9/22/03 BP 110/80. Given Oxycontin for C5 stenosis. Progress notes, Dr Dempsey Springfield Internal Medicine, 1/22/04 remains asymptomatic. No change in proximal femur lesion. RTC 1 year. Progress notes, Dr Roach, 9/10/04 ran out of OxyContin. BP 140/100, 126/96. c/o neck pain & stiffness. Using Lisinopril & Zestril. d/c Zestril. Get x-rays of neck. Cervical X-rays, 9/14/04 DDD with space narrowing & osteophytes at C6-7. L foraminal narrowing secondary to osteophyte formation. Physical Ability Assessment form, Dr. Roach, 10/20/04 Occasional sitting, standing, walking, lift/carry up to 10 pounds, push/pull up to 10 pounds, climbing. Supplementary Claim Disability Benefits Form, Dr Roach, 11/30/04 Class 5 Physical limitations incapable of sedentary activity. Transferable Skills Analysis, 12/2/04 used PAA as basis. Several jobs found. Letter from Dr Roach, 4/19/05 Cxs disability is not able to sit for prolonged periods of time. Unable to sit without frequent positional changes including standing and laying down. He must also be able to ice back. See Provider Contact Task.

Investigation Result

ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&Rs of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.

Scott C. Taylor, DO

Last Changed User	Scott Taylor	Last Changed Date	06/09/2005 09:40 AM
Status:	Completed	Assigned To:	Scott Taylor
		Created:	06/09/2005 09:38 AM

Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

** Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title	IRR #2		
Referral Type	Medical		
Role	Associate Medical Director	Name	Scott Taylor <input type="checkbox"/> New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☐ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☒ Other Specify Other continue IRR #1 comments

Comments

Insufficient space on IRR #1. Please complete on IRR #2.
Scott C. Taylor, DO

Last Changed User	Scott Taylor	Last Changed Date	06/09/2005 09:38 AM
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Status:	Completed	Assigned To:	Scott Taylor	Created:	06/09/2005 09:37 AM
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Provider Contact

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Contact Information**Title** Dr Roach

<input checked="" type="checkbox"/> First Phone Call	Result Left Message - With Individual	Date 06/07/2005 07:42 AM	User Scott Taylor
<input checked="" type="checkbox"/> Second Phone Call	Result Successful	Date 06/09/2005 08:26 AM	User Scott Taylor
<input type="checkbox"/> Generate Letter/Fax		Date	User
<input type="checkbox"/> Burden of Proof Letter Sent		Date	User
<input type="checkbox"/> Incoming Call		Date	User
<input type="checkbox"/> Mail Received		Date	User

Contact Comments:

6/6/05 1250 CST. 1st call to Dr Keith Roach Internal Medicine at 212-746-9663. Carmen says Dr not back in office until 6/7/05. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/7/05 1520 CST. 2nd call to Dr Roach. Carmen says Dr is in office. She paged but Dr did not answer. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 0720 CST. Listened to VM message from Dr Roach from 1537 CST, 6/7/05. Will be available 6/8/05. Call 212-746-2879. 6/8/05 1215 CST. 3rd call to Dr Roach at 212-746-2879. Number busy. Attempted call to 212-746-9663. Was also busy. 6/8/05 1455 CST. Another call to Dr Roach at 212-746-2879. Carmen says Dr currently w/ a patient. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 1505 CST. Dr Roach called. Says the difference between the PAA & letter was due to misinterpretation of what the form meant. Dr says that over an entire work day the claimant could probably work 3-4 hours collectively, however could not sit continuously more than 30 minutes at a time and then change to some other activity like standing, walking, etc. He also says that the claimant would have to be able to periodically lay down to take downward pressure off the back at least 15 minutes, 3-4X per day. Dr says the L&Rs are principally based upon what the claimant tells him, however some is based upon what the Dr has observed during exams. Dr says claimant has difficulty sitting continuously during an office visit & he has observed claimant changing body positions, standing, etc during visits. Dr says the limiting condition is the back. The hip is not impairing. Dr said that if claimant returns to work, there needs to be a gradual transition. Dr recommends should be limited to no more than 4 hours total work time then increased as tolerated. Dr said that in his opinion FCE there is no reason an FCE could not be done & he felt it would give more specific functionality guidelines.

Interview Documentation

Provider First Name	KEITH	Provider Last Name	ROACH	Provider Specialty	Internist
Contact First Name		Contact Last Name		Contact Role	
Primary ICD Code		Primary ICD Description			
Comments					
Secondary ICD Code		Secondary ICD Description			
Comments					
ICD Code 3		ICD Code 3 Description			
Comments					
ICD Code 4		ICD Code 4 Description			
Comments					
ICD Code 5		ICD Code 5 Description			

Comments

Objective Findings

- ☐ Physical Exam Findings
☐ Test Results
☐ Provider Observations

Comments

Treatment Information

Medication (1)	Dosage (1)	Frequency (1)
Medication (2)	Dosage (2)	Frequency (2)
Medication (3)	Dosage (3)	Frequency (3)
Medication (4)	Dosage (4)	Frequency (4)
Medication (5)	Dosage (5)	Frequency (5)

Current Treatment Plan/Provider's Estimated RTW date

Treatment Frequency

Future Treatment Plan

- | | | |
|---|-----------------|-----------------|
| <input type="checkbox"/> Copy to Med/Voc Folder | Date of Surgery | Type of Surgery |
| <input type="checkbox"/> Copy to Med/Voc Folder | Date of Surgery | Type of Surgery |
| <input type="checkbox"/> Copy to Med/Voc Folder | Date of Surgery | Type of Surgery |

Comments

Last Office Visit

Next Office Visit

Functionality Job/Occ Requirements and RTW

Claimant Job/Occ Requirements and Expected Duration

Additional Information

Referral Information

First Name	Last Name
Specialty	Provider Referral Date
Number	Ext.
Remarks	

First Name	Last Name
Specialty	Provider Referral Date
Number	Ext.
Remarks	

First Name	Last Name
Specialty	Provider Referral Date
Number	Ext.
Remarks	

Last Changed User	Scott Taylor	Last Changed Date	06/09/2005 09:32 AM
<hr/>			
Status:	Completed	Assigned To:	Scott Taylor
		Created:	06/07/2005 08:42 AM

Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

** Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title AMD to contact AP

Referral Type Medical

Role Associate Medical Director **Name** Scott Taylor ☐ **New Nurse/VRC of Record**

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☐ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☒ **Other** **Specify Other** contact AP

Comments

From 04/27/05 staffing with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal. Updated O/N from 08/01/04 through present obtained. Dr. Roach's number is 212-746-8127. MDSoddors CM

Last Changed User	Mark Soddors	Last Changed Date	06/01/2005 11:24 AM
Status:	Completed	Assigned To:	Mark Soddors
		Created:	06/01/2005 11:24 AM

Follow-Up Tasks - Medical Request

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u O/N**Comment/Instruction**

04/28/05 requested from Dr. Roach. from 08/01/04 through present.
Phone is 212-746-2879 fax is 212-746-8127.
See 04/28/05 claim strategy AMD staffing task. Refer to AMD to contact AP.
05/16/05 2nd requested today
06/01/05 received today

Last Changed User	Mark Soddors	Last Changed Date	06/01/2005 11:19 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	04/28/2005 10:24 AM
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Claim Strategy

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Update Rationale

Title	AMD Staffing
Update Rationale	Other New Information

For Walk-up and Nurse Interaction Only

Role	Name
-------------	-------------

For Staffings Only - Indicate Resources Present (check all that apply)

- ☒ AMD
- ☐ NCM
- ☐ VRC
- ☐ CBH Specialist
- ☐ On-Site Psych
- ☐ Network Orthopedist

Claim Status Information

Status	Active
Status Reason	Own Occ - Receiving Payments
Reopened Reason	
Second Eye Review Required	

<input type="checkbox"/> Second Eye Review Complete	Date	User ID
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Comments

04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal, after CM obtains updated O/N from 08/01/04 through present. MDsodders CM

Duration Information

Part Time	Full Time	Red Flag
<input type="checkbox"/> Does Not Exist		
Provider's Estimated RTW Date	Days	0
ERD	ERD Reason	
Primary ICD Code	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN
72252		

Strategy Documentation**Level of Functional****Capacity****Restrictions & Limitations****Subjective / Objective Findings / Treatment****Outstanding Issues and Follow-up Dates****Strategy**

04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal, after CM obtains updated O/N from 08/01/04 through present. MDsodders CM

Last Changed User	Mark Sodders	Last Changed Date	04/28/2005 10:20 AM
Status:	Completed	Assigned To:	Mark Sodders
		Created:	04/28/2005 10:19 AM

Claimant Contact

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Contact Information

<input checked="" type="checkbox"/> First Phone Call			
Result	Successful	Date	04/11/2005 02:40 PM
		User ID	Mark Soddors
<input type="checkbox"/> Second Phone Call			
Result		Date	
		User ID	
<input type="checkbox"/> Generate Letter/Fax		Date	
		User ID	
<input type="checkbox"/> Incoming Call		Date	
		User ID	
<input type="checkbox"/> Mail Received		Date	
		User ID	

Contact Comments

04/11/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding, but insisted that he would have his doctor respond. Cx asked for the information to be sent to him so he can expedite our request. Informed cx that I will fax the information over and is to the same number.

Interview Documentation

Primary Diagnosis/Symptoms/Co-Morbid Conditions

Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization

Functionality/Job Duties/Set Expectations

Spouse Information

First Name	MI	Last Name
SSN	Date of Birth	
Is Spouse Employed?	If Employed	
Date of Birth of Youngest Dependent		
Other Income Benefits		

Comments

04/11/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding, but insisted that he would have his doctor respond. Cx asked for the information to be sent to him so he can expedite our request. Informed cx that I will fax the information over and is to the same number.

Last Changed User	Mark Soddors	Last Changed Date	04/11/2005 03:52 PM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	04/11/2005 03:51 PM
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Follow-Up Tasks - Medical Request

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u AP review of DOT

Comment/Instruction

01/20/05 sent via certified mail

02/01/05 received certified receipt back signed for by Dr. Roach's office on 01/27/05

03/04/05 called Dr. Roach's office at 212-746-2879 to f/u on our request. Number Busy. Faxing a second request.

03/28/05 1300 called Dr. Roach's office to f/u on our request. On hold 15 minutes with no pick-up. Terminated call.

Last Changed User	Mark Soddors	Last Changed Date	03/28/2005 02:10 PM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	01/20/2005 11:29 AM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title Issue check TODAY set rep pay

Comment/Instruction

Set rep pay for total net of 2125.32

Last Changed User	Mark Soddors	Last Changed Date	12/22/2004 11:18 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	11/29/2004 11:17 AM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u TSA**Comment/Instruction**12/02/04 referred. Send DOT's to AP for comment
12/17/04 received today

Last Changed User	Mark Soddors	Last Changed Date	12/20/2004 08:31 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	12/02/2004 10:02 AM
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Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Referral Type Vocational

Role Vocational Rehab Counselor

Name Holly Jule

☐ New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☒ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☐ Other

**Specify
Other**

Comments

12/02/04 referring for formal TSA. Exploratory TSA located occs, and need to send results of TSA to AP for comment on cx's abilities.

Wage Requirement is \$4,986.57 Monthly.

Title

Referral Accepted Yes

Date 12/13/2004

Comments

Results of exploratory TSA discussed w/ VRC. Four sedentary occupations, including Cx's own occupation, were agreed as appropriate to send to AP for comment. All meet target wage and all allow for ability to get up and move about, alternate sit, stand and walk at the employee's discretion. It is also noted that cx's job allowed for alternating positions- see job requirements in claim file. HJ

Investigation Result

DOT's for the following occupations were selected for the exploratory TSA in order to consult with the AP for comment on Cx's ability to perform them. Personnel Manager, DOT#166.117-018, Employment manager DOT#166.167-030, Employment Agency Manager, DOT#187.167-098 and Department Manager, DOT#189.167-022. Returning file with occupational descriptions to CM. HJ

Last Changed User	Holly Jule	Last Changed Date	12/13/2004 03:46 PM
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Status:	Completed	Assigned To:	Holly Jule	Created:	12/02/2004 09:53 AM
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Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

** Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title

Referral Type Vocational

Role Vocational Rehab Counselor

Name

Holly Jule

☐ New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☒ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☐ Other Specify Other

Comments

12/02/04 referring for formal TSA. Exploratory TSA located occs, and need to send results of TSA to AP for comment on cx's abilities.

Wage Requirement is \$4,986.57 Monthly.

Last Changed User	Mark Soddors	Last Changed Date	12/02/2004 09:53 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	12/02/2004 09:53 AM
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Follow-Up Tasks - Medical Request

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u APS**Comment/Instruction**

sent on 11/09/04

2nd Request sent on 11/30/04

11/30/04 recieved today

Last Changed User	Mark Soddors	Last Changed Date	12/01/2004 12:47 PM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	11/09/2004 11:54 AM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u exp TSA**Comment/Instruction**referred on 11/09/04
11/19/04 received today. Wating on APS for COD.

Last Changed User	Mark Soddors	Last Changed Date	11/19/2004 11:05 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	11/09/2004 11:51 AM
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Internal Resource Response

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

**Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Referral Type Vocational

Role Vocational Rehab Counselor

Name Rosemary Jenkins

☐ New Nurse/VRC of Record

Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
- ☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
- ☐ Occupational requirements assessment is needed
- ☐ Determine Functional Capacity
- ☐ Projected return to work date is unclear or undetermined
- ☐ Return to Work Assistance
- ☒ Internal Transferable Skills Assessment
- ☐ Claim Complexity Changed
- ☐ Other

**Specify
Other**

Comments

based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.

MDSoddors CM

Title

Referral Accepted Yes

Date 11/18/2004

Comments

Investigation Result

Exploratory TSA

An exploratory TSA was conducted using the PAA dated 10/20/04 and collective information from cx's DQ & JD. Using the OASYS edition, 9 occ were identified as potential transf skills 4 are within the Professional and Kindred industry 4 within any industry and 1 within the Government industry. The annual wages as per year 2000 labor statistics ranged from \$77,000.00 to \$123,000.00.

Last Changed User	Rosemary Jenkins	Last Changed Date	11/18/2004 06:40 PM
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Status:	Completed	Assigned To:	Rosemary Jenkins	Created:	11/10/2004 09:12 AM
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Follow-Up Tasks - Medical Request

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u med req**Comment/Instruction**

08/19/04 requested

Keith Roach, M.D. 212-746-2879 received O/N. no PAA as of 08/30/04

Michael Alexiades 212-734-1288 LOV was 05/22/2003. Had another one scheduled, but no showed.

09/14/04 2nd requested PAA from Dr. Roach.

10/15/04 Called Dr. Roach's office to f/u on the PAA. on Hold 15 minutes as of second try. the first attempt rang 25 times with no answer. Sending 2nd req for PAA.

Staff claim without PAA if no receipt.

10/20/04 received paa today

Last Changed User	Mark Soddors	Last Changed Date	10/25/2004 01:43 PM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	08/19/2004 09:48 AM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title f/u on DQ**Comment/Instruction**

Once we get DQ, consider doing surveillance. RAC SCM
08/19/04 dq recived. hold on surv option until med recs come in
MDSoddors CM

Last Changed User	Mark Soddors	Last Changed Date	08/19/2004 09:46 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	07/12/2004 05:33 PM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title 057 - CURRENT REPETITIVE PAY CYCLE ENDS NEXT PAYMENT

Comment/Instruction

057 - CURRENT REPETITIVE PAY CYCLE ENDS NEXT PAYMENT

Last Changed User	Robert Castellon	Last Changed Date	06/02/2004 12:10 PM
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Status:	Completed	Assigned To:	Robert Castellon	Created:	05/27/2004 01:04 AM
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Follow-Up Tasks - General Follow-Up

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Title Request new meds**Comment/Instruction**

also we need to issue check re cola adj.

Last Changed User	Robert Castellon	Last Changed Date	04/23/2004 02:43 PM
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Status:	Completed	Assigned To:	Robert Castellon	Created:	04/23/2004 03:43 PM
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Internal Resource Referral

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005- Closed

** Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits*

Title

Referral Type Vocational

Role	Vocational Rehab Counselor	Name	Rosemary Jenkins	<input type="checkbox"/> New Nurse/VRC of Record
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Check all that apply for Medical or Vocational

- ☐ Symptoms insufficient to support diagnosis
☐ Treatment plan and/or Provider specialty is not consistent with Claimant's Diagnosis
☐ Occupational requirements assessment is needed
☐ Determine Functional Capacity
☐ Projected return to work date is unclear or undetermined
☐ Return to Work Assistance
☒ Internal Transferable Skills Assessment
☐ Claim Complexity Changed
☐ Other Specify Other

Comments

based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.

MDSoddors CM

Last Changed User	Mark Soddors	Last Changed Date	11/10/2004 09:12 AM
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Status:	Completed	Assigned To:	Mark Soddors	Created:	11/09/2004 12:30 PM
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Claim Strategy

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed

Update Rationale

Title

Update Rationale Staffing

For Walk-up and Nurse Interaction Only

Role	Nurse Case Manager	Name	Susan Fred
-------------	--------------------	-------------	------------

For Staffings Only - Indicate Resources Present (check all that apply)

- ☐ AMD
☒ NCM
☐ VRC
☐ CBH Specialist
☐ On-Site Psych
☐ Network Orthopedist

Claim Status Information

Status Active
Status Reason Own Occ - Receiving Payments
Reopened Reason
Second Eye Review Required

<input type="checkbox"/> Second Eye Review Complete	Date	User ID
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Comments

11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.
MDSoddors CM

Duration Information

Part Time	Full Time	Red Flag
<input type="checkbox"/> Does Not Exist		
Provider's Estimated RTW Date	Days	0
ERD	ERD Reason	
Primary ICD Code 72252	Primary ICD Description	LUMB/LUMBOSAC DISC DEGEN

Strategy Documentation**Level of Functional
Capacity****Restrictions & Limitations****Subjective / Objective Findings / Treatment****Outstanding Issues and Follow-up Dates****Strategy**

11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.
MDSodders CM

Last Changed User	Mark Sodders	Last Changed Date	11/09/2004 11:51 AM
Status:	Completed	Assigned To:	Mark Sodders
		Created:	11/09/2004 11:50 AM

Claim Reassignment

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
Team Name	D-SAM Recert	Claim Manager Name	Mark Soddors		
Claim Office					
Comments					
Last Changed User	Sandra Scott	Last Changed Date	08/26/2004 10:48 AM		
Status:	Completed	Assigned To:	Sandra Scott	Created:	08/26/2004 10:48 AM

Claim Reassignment

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
Team Name	D-Castellon	Claim Manager Name	Sandra Scott		
Claim Office					
Comments					
Last Changed User	Sandra Scott	Last Changed Date	08/25/2004 02:53 PM		
Status:	Completed	Assigned To:	Sandra Scott	Created:	08/25/2004 02:53 PM

Claim Reassignment

Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE OF CORNE	Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Soddors	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed
Team Name	D-SAM Recert	Claim Manager Name	Mark Soddors		
Claim Office	Dallas				
Comments					
Last Changed User	Sandra Scott	Last Changed Date	08/19/2004 09:07 AM		
Status:	Completed	Assigned To:	Sandra Scott	Created:	08/17/2004 10:09 AM

Acenza: Folder

Folder: Current Case Plan				Logs (0)		
<div> Folder Contents Notes (0/0) </div>						
Details						
Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958	
Account Name	WEILL MEDICAL COLLEGE OF CORNE		Account #	NYK0001972	Incurred Date	06/06/2000
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	09/28/2005 - Closed	
<input type="button" value="Hide Details"/>		<input type="button" value="Claim Strategy"/>		<input type="button" value="Top"/>		
Claim Status Comments						
<p>Staffing. Cx experiences problems secondary to back and neck pain. A Functional Capacity Evaluation shows an ability to operate at a sedentary level occupation. The Transferable Skills Analysis identifies the capacity to perform own occupation. Claim should be denied, not TD OO.</p> <p>MDSodders CM</p>						
Level of Functional Capacity						
<input checked="" type="checkbox"/> With Restrictions						
Restrictions and Limitations						
Subjective/Objective Findings/Treatment						
Outstanding Issues and Follow-up Dates						
Strategy						

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Acenza: Folder

Staffing. Cx experiences problems secondary to back and neck pain. A Functional Capacity Evaluation shows an ability to operate at a sedentary level occupation. The Transferable Skills Analysis identifies the capacity to perform own occupation. Claim should be denied, not TD OO.
MDSodders CM

Internal Resource Response 08/09/2005 11:20:27 AM glschm Top

Referral Resource Role

Vocational Rehab Counselor

Referral Resource Name

Ginny Schmidt

Initiator Comments

08/08/05 referring for TSA based on L/R provided by the 07/26/05 FCE. Please note that there is no A/O date. However, Disability is defined as either unable to perform all the material duties of the regular occupation, or an inability to earn more than 80% of the Indexed BME.

As such, if cx's own occ is not identified on the TSA, then the earnings requirement is \$5,172.32 monthly.

MDSodders CM

Referral Comments

Investigation Result

The TSA has been performed using the sedentary restrictions from the FCE done on 7/26/05 on the claimant, along with his work history of being a Wage and Salary Manager twice in his history, and as an Asst. Director of Human Resources, having a Bachelors Degree in Business Administration/Psychology, and having taken 1 year of classwork in Graduate School for MIS, and the wage requirement of \$5,172.63 a month. Using these criteria, several jobs were indicated for his current abilities, which should allow alternation of physical positions throughout the workday, at his will, including his own job as a Salary and Wages Manager Compensation Manager for the Policyholder. Along with this position, several others were indicated, including management in data processing and computer operations, employee welfare and mediation and credit analysis. See full report in the file. Returning file and report to the CM for review.

Internal Resource Response 08/05/2005 3:38:57 PM glschm Top

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Page 3 of 10

Referral Resource Role	Vocational Rehab Counselor
Referral Resource Name	Ginny Schmidt
Initiator Comments	
referring for 1-day FCE. MDSodders CM	
Referral Comments	
File being given to Tiffany to set up 1 day FCE. GS Appt now set for 7/26/05. GS	
Investigation Result	
<p>The FCE report has been received. The claimant was found to be able to function at the sedentary level of work, for and 8 hour workday, but it would have to be a position in which he would not have to perform any lifting and carrying of more than negligible amounts, and he will need to be able to be able to change positions while sitting approximately every 10-15 minutes. They were unable to complete the dynamic and static lifting tests, the aerobic testing on the treadmill and much of the other testing due to his complaints of pain and needing to lie down to get relief. He was found to be able to perform fine manipulation, handling, reaching, pushing/pulling, climb stairs, sitting, standing and walking all on an occasional basis, and was unable to climb ladders, stoop, kneel, crouch, crawl, or balance, and had the need to use a cane for ambulation. On a constant basis, he is able to see, hear, talk. They felt he gave a maximum effort during testing, due to his increase in respiration and heart rate during the tests. See full report in the file. Returning file and report to the CM for review.</p>	
Claimant Contact	07/05/2005 2:56:22 PM a66816 Top
Primary Diagnosis/Symptoms/Co-Morbid Conditions	
Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization	
Functionality/Job Duties/Set Expectations	

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Acenza: Folder

Other Income Benefits			
Overall Comments			
<p>Cx called about FCE. Wanted to inform me of the date of the FCE, and had question concerning the physical exam language in policy, specifically concerning the word pending. Informed cx that pending in this case refers to, in his specific case, that information was received from his doctor, and then upon request for clarification on this information, his doctor reversed his position. As such, at this juncton in his claim for continuing eligibility, clarification on his functionality is warranted. Cx states his understanding.</p> <p>MDSodders CM</p>			
Claimant Contact	06/09/2005 2:07:58 PM	a66816	Lee
Primary Diagnosis/Symptoms/Co-Morbid Conditions			
Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization			
Functionality/Job Duties/Set Expectations			
Other Income Benefits			
Overall Comments			

https://dms-acclaim.group.cigna.com/acenza/FOLDER/FOLDEROTCFOLDER_CURRENT_CASE_PLANDisplay.asp?id=242... 9/28/2005

Acenza: Folder

06/09/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding MDSodders CM		Top	
Internal Resource Response		06/09/2005 9:40:35 AM	b91996
Referral Resource Role		Associate Medical Director	
Referral Resource Name		Scott Taylor	
Initiator Comments			
<p>From 04/27/05 staffing with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal. Updated O/N from 08/01/04 through present obtained. Dr. Roach's number is 212-746-8127.</p> <p>MDSodders CM</p>			
Referral Comments			
<p>6/3/05 Title Wage & Salary Mgr. Work Demands Any Occupation. Diagnosis Lumbar spinal stenosis cervical DDD. Incur Date 6/6/2000.</p> <p>PAA said sedentary. TSA showed transferable skills for 4 occupations. TSA info sent to Dr but he never answered CM so FCE was ordered. Then Dr changed mind & said Cx could not do any of the 4 occupations found. Says Cx can only work if sits w/o frequent standing, & can lay down as needed & ice. Had hip arthroscopy 4/16/03. No ortho notes since 5/03.</p> <p>Last Internal med notes 1/22/04, however DQ says seen 7/20/04. Agree w/ D2D since to information to support L&Rs.</p> <p>RECORD REVIEW Medical records reviewed include but are not limited to Lumbar MRI, 6/9/2000 moderate to severe L5-S1 spondylosis w/ impingement L L5 nerve root. Progress notes, Dr Keith Roach Internal Medicine, 1/18/02 here for pre-operative evaluation from IM standpoint because to have arthroscopic shoulder surgery. Has had previous rotator cuff repair. PMH severe L5-S1 spinal stenosis. BP 140/104. Impression low risk for planned surgery. Operative report, Michael Alexiades orthopedist, 1/28/02 Right shoulder arthroscopy w/ subacromial decompression, distal claviclectomy, bursectomy, & lysis of subacromial adhesions. MRI R Hip, 5/23/02 superficial cartilage loss over R joint, acetabular dysplasia, torn hyperplastic degenerated anterior acetabular labrum. Progress notes, Dr Roach, 6/11/02 here for pre-operative evaluation from IM standpoint because to have hip surgery. Old benign tumor of femur compatible w/ chondral lesion. BP 124/84. Still has moderate impingement in shoulder. Impression low risk for planned surgery. Operative report, Michael Alexiades orthopedist, 6/13/02 Left shoulder arthroscopy w/ subacromial decompression & AC joint resection. Progress notes, Dr Roach, 9/27/02 BP 130/90. Using Vicodin prn. No change in tx. IME, Dr David Trotter orthopedist, 12/10/02 support unable to work normal occupation from 12/3/200 until present. Continued on IRR #2.</p>			
Investigation Result			

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<p>ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&RS of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.</p> <p>Scott C. Taylor, DO</p>		Top
Internal Resource Response	06/09/2005 9:40:09 AM	b91996
Referral Resource Role	Associate Medical Director	
Referral Resource Name	Scott Taylor	
Initiator Comments		
<p>Insufficient space on IRR #1. Please complete on IRR #2.</p> <p>Scott C. Taylor, DO</p>		
<p>Referral Comments</p> <p>Continued from IRR #1.....</p> <p>Operative report, Dr Alexiades, 4/16/03 R hip athroplasty & labrectomy. Cx had inverted labral tear. Anterior & posterior labrum removed in entirety. Progress notes, Dr Roach, 5/21/03 surgery for hip went well. Considering surgery for back. BP 130/90. Progress notes, Dr Roach, 9/22/03 BP 110/80. Given Oxycontin for C5 stenosis. Progress notes, Dr Dempsey Springfield Internal Medicine, 1/22/04 remains asymptomatic. No change in proximal femur lesion. RTC 1 year. Progress notes, Dr Roach, 9/10/04 ran out of OxyContin. BP 140/100, 126/96. c/o neck pain & stiffness. Using Lisinopril & Zestril. d/c Zestril. Get x-rays of neck. Cervical x-rays, 9/14/04 DDD with space narrowing & osteophytes at C6-7. L foraminal narrowing secondary to osteophyte formation. Physical Ability Assessment form, Dr. Roach, 10/20/04 Occasional sitting, standing, walking, lift/carry up to 10 pounds, push/pull up to 10 pounds, climbing. Supplementary Claim Disability Benefits Form, Dr Roach, 11/30/04 Class 5 Physical limitations incapable of sedentary activity. Transferable Skills Analysis, 12/2/04 used PAA as basis. Several jobs found. Letter from Dr Roach, 4/19/05 Cxs disability is not able to sit for prolonged periods of time. Unable to sit without frequent positional changes including standing and laying down. He must also be able to ice back. See Provider Contact Task.</p>		

Investigation Result

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Page 7 of 10

<p>ASSESSMENT Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the LRS of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.</p> <p>Scott C. Taylor, DO</p>		10a
<p>Claim Strategy</p>	<p>04/28/2005 10:20:23 AM</p>	<p>a66816</p>
<p>Claim Status Comments</p>		
<p>04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal, after CM obtains updated O/N from 08/01/04 through present.</p> <p>MDSodders CM</p>		
<p>Level of Functional Capacity</p>		
<p><input checked="" type="checkbox"/> With Restrictions</p>		
<p>Restrictions and Limitations</p>		
<p>Subjective/Objective Findings/Treatment</p>		
<p>Outstanding Issues and Follow-up Dates</p>		
<p>Strategy</p>		
<p>04/27/05 staffed claim with AMD. As AP provided L/R's for the DOT's found, and then states cx unable to perform those DOT's, AMD to contact AP to discuss this alleged reversal, after CM obtains updated O/N from 08/01/04 through present.</p> <p>MDSodders CM</p>		
<p>Claimant Contact</p>	<p>04/11/2005 3:52:08 PM</p>	<p>a66816</p>
<p>10a</p>		

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Acenza: Folder

Primary Diagnosis/Symptoms/Co-Morbid Conditions

--

Treating Physicians/Treatment Frequency/Current Treatment Plan/Hospitalization

--

Functionality/Job Duties/Set Expectations

--

Other Income Benefits

--

Overall Comments

04/11/05 called cx at 718-884-2067 to inform of the FCE. Cx stated his understanding, but insisted that he would have his doctor respond. Cx asked for the information to be sent to him so he can expedite our request. Informed cx that I will fax the information over and is to the same number.
--

Internal Resource Response	12/13/2004 3:46:23 PM	hxjule	Iss
Referral Resource Role	Vocational Rehab Counselor		
Referral Resource Name	Holly Jule		

Initiator Comments

12/02/04 referring for formal TSA. Exploratory TSA located occs, and need to send results of TSA to AP for comment on cx's abilities. Wage Requirement is \$4,986.57 Monthly.
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Referral Comments

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Page 9 of 10

Results of exploratory TSA discussed w/ VRC. Four sedentary occupations, including Cx's own occupation, were agreed as appropriate to send to AP for comment. All meet target wage and all allow for ability to get up and move about, alternate sit, stand and walk at the employee's discretion. It is also noted that cx's job allowed for alternating positions- see job requirements in claim file. HJ		
Investigation Result		
DOT's for the following occupations were selected for the exploratory TSA in order to consult with the AP for comment on Cx's ability to perform them. Personnel Manager, DOT#166.117-018, Employment manager DOT#166.167-030, Employment Agency Manager, DOT#187.167-098 and Department Manager, DOT#189.167-022. Returning file with occupational descriptions to CM. HJ		
Internal Resource Response	11/18/2004 6:40:15 PM	rxjenk Top
Referral Resource Role	Vocational Rehab Counselor	
Referral Resource Name	Rosemary Jenkins	
Initiator Comments	based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.	
MDSodders CM		
Referral Comments		
Investigation Result		
Exploratory TSA		
An exploratory TSA was conducted using the PAA dated 10/20/04 and collective information from cx's DQ & JD. Using the OASYS edition, 9 occ were identified as potential transf skills 4 are within the Professional and Kindred industry 4 within any industry and 1 within the Government industry. The annual wages as per year 2000 labor statistics ranged from \$77,000.00 to \$123,000.00.		
Claim Strategy	11/09/2004 11:51:09 AM	a66816 Top
Claim Status Comments		

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Acenza: Folder

11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments. MDSodders CM			
Level of Functional Capacity			
<input checked="" type="checkbox"/> With Restrictions			
Restrictions and Limitations			
Subjective/Objective Findings/Treatment			
Outstanding Issues and Follow-up Dates			
Strategy			
11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments. MDSodders CM			
Active Contents			
Type	Due Date	Created By	Assigned To
LTD	06/06/2000	Mark Sodders	ALFANO,STEVEN -- 01/14/1958
Created:			04/03/2004 11:57 AM

https://dms-acclaim.group.cigna.com/acenza/FOLDER/FOLDEROTCFOLDER_CURRENT_CASE_PLANDisplay.asp?id=242... 9/28/2005

Request Sheet

Date Sent:

5/16/05

1. Please request the medical records and current tests from the following doctors:
2nd req to Dr. Roach 4/28/05 req to:
Dr. Roach
Fax: 212-746-8127.
O/N ONLY from 08/01/04 through present

From: Mark Sodders x5693

Please refile claim after requesting.

Request Sheet

Date Sent: March 4, 2005

1. Please request the medical records and current tests from the following doctors:

2nd Request the following

The January 20, 2005 letter to Dr. Roach asking for a review of the four DOT's.

- Please note that they received the DOT's in their office as of January 27, 2005 (no need to send the DOT's again, just the 2nd Request Letter and the January 20, 2005 letter).
- Please provide a deadline of March 25, 2005, and in the absence of Dr. Roach's response by March 25, 2005, we will assume Dr. Roach is in agreement with his patient's ability to perform the occupations listed in the four DOT's.

From: Mark Sodders x5693

F. 212-746-8127
+ 212-746-2879

Please refile claim after requesting.

Acenza: Folder

Folder: Current Case Plan

Details

Name: STEVEN ALFANO SSN: 099-44-8848 DOB: 01/14/1958

Account Name: WEILL MEDICAL COLLEGE Account #: NYK0001972 Incurred Date: 06/06/2000

Claim Manager: Mark Sodders Incident #: 513554 Claim Eff Dt-Status: 01/21/2003 - Active

Internal Resource Response: 12/13/2004 3:46:23 PM hxjule Top

Referral Resource Role: Vocational Rehab Counselor

Referral Resource Name: Holly Jule

Initiator Comments:

12/02/04 referring for formal TSA. Exploratory TSA located occs, and need to send results of TSA to AP for comment on cx's abilities.

Wage Requirement is \$4,986.57 Monthly.

Referral Comments:

Results of exploratory TSA discussed w/ VRC. Four sedentary occupations, including Cx's own occupation, were agreed as appropriate to send to AP for comment. All meet target wage and all allow for ability to get up and move about, alternate sit, stand and walk at the employee's discretion. It is also noted that cx's job allowed for alternating positions- see job requirements in claim file. HJ

Investigation Result:

DOT's for the following occupations were selected for the exploratory TSA in order to consult with the AP for comment on Cx's ability to perform them. Personnel Manager, DOT#166.117-018, Employment manager DOT#166.167-030, Employment Agency Manager, DOT#167.167-098 and Department Manager, DOT#189.167-022. Returning file with occupational descriptions to CM. HJ

Internal Resource Response: 11/18/2004 6:40:15 PM rxjenk Top

Referral Resource Role: Vocational Rehab Counselor

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Acenza: Folder

Referral Resource Name | Rosemary Jenkins

Initiator Comments

based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.

MDSodders CM

Referral Comments

Investigation Result

Exploratory TSA

An exploratory TSA was conducted using the PAA dated 10/20/04 and collective information from cx's DQ & JD. Using the QASYS edition, 9 occ were identified as potential transf skills 4 are within the Professional and Kindred industry 4 within any industry and 1 within the Government industry. The annual wages as per year 2000 labor statistics ranged from \$77,000.00 to \$123,000.00.

Claim Strategy

11/09/2004 11:51:09 AM

a66816

Iop

Claim Status Comments

11/03/04 staffed claim with NCM. Based on recview of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments.

MDSodders CM

Level of Functional Capacity

☒ With Restrictions

Restrictions and Limitations

Subjective/Objective Findings/Treatment

Page 3 of 3

Acenza: Folder

Outstanding Issues and Follow-up Dates	
Strategy	
11/03/04 staffed claim with NCM. Based on review of current medical, and PAA, run exploratory TSA on L/R provided. Concurrently, send APS to CX for COD, LOV. If TSA positive, send to AP for comments. MDSodders CM	

Active Contents			
Type	Due Date	Created By	Assigned To
LTD	06/06/2000	Mark Sodders	ALFANO, STEVEN --099449648 --01/14/1958

Created: 04/03/2004 11:57 AM

https://dms-acclaim.group.cigna.com/acenza/FOLDER/FOLDEROTCFOLDER_CURRENT_CASE_PLANDisplay.asp?id=2426... 1/7/2005

Acenza: Folder

Folder: Current Case Plan		Contents		Notes (0/0)		Logs (0)	
Details							
Name	STEVEN ALFANO	SSN	099-44-9648	DOB	01/14/1958		
Account Name	WEILL MEDICAL COLLEGE	Account #	NYK0001972	Incurred Date	06/06/2000		
Claim Manager	Mark Sodders	Incident #	513554	Claim Eff Dt-Status	01/21/2003 - Active		
Show Details							
Internal Resource Response	11/18/2004 6:40:15 PM			rx/jenk	Top		
Referral Resource Role	Vocational Rehab Counselor						
Referral Resource Name	Rosemary Jenkins						
Initiator Comments	based on 11/03/04 staffing with NCM, need to run exploratory TSA based on AP's PAA dated 10/20/04. Wage requirement is .80 of indexed covered earnings, which totals 4,986.57 monthly, 59,838.84 yearly.						
MDSodders CM							
Referral Comments							
Investigation Result							
Exploratory TSA	An exploratory TSA was conducted using the PAA dated 10/20/04 and collective information from cx's DQ & JD. Using the OASYS edition, 9 occ were identified as potential transf skills 4 are within the Professional and Kindred industry 4 within any industry and 1 within the Government industry. The annual wages as per year 2000 labor statistics ranged from \$77,000.00 to \$123,000.00.						
Claim Strategy	11/09/2004 11:51:09 AM			a66816	Top		

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Acenza: Folder



Active Contents

Type	Due Date	Created By	Assigned To	Title
LTD	06/06/2000		Mark Sodders	ALFANO, STEVEN -- 099449648 -- 01/14/1958

Created: 04/03/2004 11:57 AM

https://dms-acclaim.group.cigna.com/acenza/FOLDER/FOLDEROTCFOLDER_CURRENT_CASE_PLANDisplay.asp?id=24... 11/19/2004